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		 "	(Column 1)		(Column 2)		SHALL ENTITY		OR	SMAL	L ENTITY
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	····	(Column 1)		(Column 2)	(Column 3)		SMALL	Ентіту	OR	OTHE	R THAN
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PAID FOR Diena Citien AMENDM Linus DI CIR LIGHT Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

RATE	ADDI TIONAL FEE		- RV-1E	ADDI- TIOHAL FEE
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41c		OR	4:	•
TOTAL 7001, FEE		0.7	101AL 101 100	

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20".

The obtains Number Previously Paid For I Total or Independent by the Helders number found in the appropriation bolumn 1.

This obtains of internation is required by 37 CFR 1.15. The information is required to obtain or retain a benefit by the public which is to fire (and by the Including pathering, preparing, and submitting the completed application form to the USPTO. Three will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be cent to the Otter Information Officor, U.S. Palent Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS, SEHD TO: Commissioner for Palents, P.O. Box 1450, Alexandria, VA 22313-1450.

if you need as sistance in completing the form, call 1-800-RTO-0199 and called option ?....

